MINUTES OF THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE

Meeting of March 4, 2015

MASSACHUSETTS HEALTH POLICY COMMISSION

THE QUALITY IMPROVEMENT AND PATIENT PROTECTION COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MA 02114

Docket: Wednesday, March 4, 2015 9:30-11:00 AM

PROCEEDINGS

The Massachusetts Health Policy Commission's Quality Improvement and Patient Protection (QIPP) Committee held a meeting on Wednesday, March 4, 2015 at the Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02114.

Committee members present were Dr. Stuart Altman; Dr. Wendy Everett (Acting Chair); Dr. Carole Allen; and Ms. Alice Moore, designee for Ms. Marylou Sudders, Secretary of Health and Human Services.

Ms. Veronica Turner was absent.

Dr. Everett reviewed the day's agenda. She stated that the Committee would discuss proposed quality measures for the nurse staffing ratios, the HPC's behavioral health agenda, and the appeals process for the risk bearing organizations.

Item 1: Approval of minutes

Dr. Everett asked for any changes to the meeting minutes from January 6, 2015. Seeing none, she made a motion to approve the minutes. One member voted in the affirmative and two members abstained from voting.

Dr. Carole Allen arrived at the meeting.

Item 2: Discussion of proposed quality measures for the nurse staffing ratios in ICUs

Ms. Lois Johnson, General Counsel, presented recommendations on quality measures in connection with the HPC's proposed ICU nurse staffing regulations. She stated that, if the measures are approved by the committee, then they will be released as part of the public comment process. She stated there are two public hearings scheduled on the proposed regulations prior to April 6, 2015, the close of the public comment period.

Ms. Lisa Snellings, Assistant General Counsel, introduced Jane Franke, a registered nurse with 23 years of experience who provided comments and feedback as part of the quality measures process.

Ms. Snellings reviewed the enabling statute, which directs the HPC to promulgate regulations and identify three to five patient safety quality indicators to be reported to the public by hospitals. She noted that the draft regulation requires hospitals to: (1) report ICU-related quality measures to DPH at least annually and (2) issue reports to the public on specific quality measures for each ICU at least annually on the acute hospital's website.

Ms. Snellings reviewed stakeholder input on the proposed regulation and quality measures. She stated that the HPC engaged in an extensive stakeholder process, including two listening sessions. She stated that, through that process, stakeholders suggested 11 possible quality measures as well as criteria for selecting quality measures.

Through comment, staff was able to determine four recommended quality measures. Ms. Snellings noted that the HPC employed an evidence-based process to identify measures that maximize impact quality while minimizing undue burden on hospitals. She stated that all recommended quality measures must me: (1) evidence based, (2) standardized, (3) nationally accepted, (4) nursing sensitive, and (5) measured in ICUs across the full range of ICU types. She added that the HPC was looked for measures currently collected and reported for Massachusetts hospitals to facilitate benchmarking over time.

Ms. Snellings stated that, in December, the committee authorized the HPC to solicit written comment on the measures. Written comments were received by the Massachusetts Hospital Association (MHA), the Massachusetts Nurses Association (MNA), and the American Nurses Association (ANA). She thanked the stakeholders for their input.

Ms. Snellings stated that the HPC is recommending four quality measures under the draft regulation: (1) Central line-associated blood stream infection (CLABSI), (2) catheter-associated urinary tract infection (CAUTI), (3) pressure ulcer prevalence (hospital acquired), and (4) patient fall rate. She noted that all stakeholders endorsed CAUTI as a measure and the MNA endorsed CLABSI.

Dr. Everett asked for clarification on CLASBI and CAUTI. Ms. Frankie provided details on these two measures.

Ms. Snellings reviewed the patient fall rate measure. She noted that the HPC is seeking data on patient falls with or without injury. She added that there is a subset of falls - patient falls with injury - is also reportable. She added that Ms. Franke would elaborate on this measure.

Ms. Snellings reviewed the analysis and criteria employed to select each of the measures. She noted that all four measures were patient outcome measures and measured in adult ICUs. She added that three of the four measures can be measured in PICUs and that one, CLAUSI, can be measured in NICUs. She stated that all four measures are currently reported in Massachusetts. Ms. Snellings stated that all of the proposed measures are currently reported by ICU type and adult critical care aggregate information on the MHAs

patient care link site. She noted that the CLABSI and CAUTI data is also reported to DPH, which issues annual reports on infection rates.

Dr. Everett asked for clarification on stakeholder support for the patient fall rate measure. Ms. Johnson clarified that there was consensus among stakeholders that patient falls with injury would be an apt measure. She noted that, with the consultation of Ms. Franke, the HPC elected to pursue a broader fall rate measure.

Dr. Everett stated that this process started with 15 different measures and that the criteria were extremely helpful in narrowing them down to a group that a nursing sensitive.

Dr. Allen clarified whether hospitals would be prevented from measuring other things under this regulation. She noted that the chart only lists one measure that is applicable to NICUs, and stated her hope that hospitals would be analyzing at other measures as well. She also stated that she would like to see a measure of patient satisfaction or experience.

Chair Altman stated that he is supportive of the measures. He added that the HPC should continue to examine patient experience measures.

Dr. Everett asked the committee for a motion to release the proposed quality measures for public comment. Dr. Allen made the motion. Ms. Moore seconded. Four committee members voted in the affirmative. There were no votes in opposition or abstention.

Ms. Johnson stated that the measures will be posted online and distributed to stakeholders. She added that public comment period is open and announced two public hearings.

Item 3: Discussion of the 2015 Behavior Health Agenda

Mr. David Seltz stated that it is important to the mission of the HPC to consider how to advance behavioral health policy and integration throughout the agency's work. He stated that, through this committee, the HPC is tracking the different ways the agency is advancing its behavioral health agenda. He noted that many of the HPC's initiatives are still in development and, as such, that staff will present an update to get initial feedback and responses. He stated that the HPC expects to work closely with the new behavioral health commissioner when he or she is appointed by the Office of the Attorney General.

Ms. Katherine Record, Senior Manager for Behavioral Health Integration, reviewed the HPC's 2015 focus areas for behavioral health, highlighting the HPC's research, policy, and data initiatives.

Ms. Record reviewed other major behavioral health activities in the Commonwealth. She discussed the Governor's opioid addiction working group and the AG's internal task force on provider ability and compliance with using the prescription monitoring program. She stated that, in mid-March, the Center for Health Information and Analysis will also publish a report on the accessibility of substance abuse treatment and adequacy of coverage.

Ms. Record stated that, under Chapter 258 of the Acts of 2014, the HPC must make recommendations to the legislature ways the Commonwealth can improve access to behavioral health treatments, address regulatory barriers, and identify the need for further analysis.

Ms. Record reviewed the HPC's timeline for producing the report to the legislature. She stated that the HPC's report will build off of the analytical foundation of CHIA's; thus the HPC will begin writing the report as soon as CHIA's report is published. Ms. Record stated the HPC will continue to engage with DPH, the Governor's working group, and stakeholders.

Mr. Seltz stated that the timeline is ambitious. He noted that the mandate is broad and that staff will look to the committee to provide guidance on key areas where actionable recommendations can be made.

Ms. Record reviewed the HPC's certification programs. She stated that the HPC released the proposed framework for PCMH certification for public comment. She highlighted proposed behavioral health criteria for PCMH participants.

Dr. Everett stated that the HPC had presented an impressive list of issues to tackle. She noted that there will be time discuss them further at future meetings. She asks committee members to highlight which issues are most important and set priorities.

Ms. Record provided an overview of the ongoing work of the Office of Patient Protection (OPP). Dr. Everett asked how many behavioral health external review requests are upheld. Ms. Jenifer Bosco, Director of the Office of Patient Protection, responded that nearly half of the external review requests that are eligible for review are resolved in favor of the patient.

Ms. Record provided on overview of the HPC's proposed behavioral health research for 2015.

Item 4: Overview of the risk bearing provider organization appeals process requirements.

Ms. Johnson stated that Chapter 224 requires the HPC to develop internal and external review processes for RBPOs as well as any ACOs certified by the Commission. She added that OPP is charged with establishing internal processes for the organizations and an external process if the appeals are not resolved at the provider level.

Ms. Bosco provided an overview of the different statutory provisions that apply to RBPOs and ACOs. RBPOs are directed to create an internal appeals process for patients and, during that time, the RBPO shall not prevent patient from seeking an outside medical opinion and shall not terminate medical services while the appeal is pending. OPP is a second level of appeal. The ACOs need to follow those provisions and must submit appeals plans to OPP for approval. OPP is required to create an external appeals process for ACOs and have a standard and expedited appeals process.

Dr. Everett asks whether this covers all ACOs. Ms. Bosco responded that it only pertains to ACOs certified by the HPC.

Ms. Johnson stated that the goal of the provisions in Chapter 224 is consumer protection. She added that the HPC needs to address to which patients the appeals process would apply. She stated that, given the different organizational structures of RBPOs and ACOs, there needs to be discussion of to whom the appeal goes. She added that it is necessary to define the types of issues that are appropriate for internal or external review. She stated that the HPC has developed interim guidance to advise providers on what the statute requires and provide notice to patients.

Dr. Everett stated that the HPC has taken on an incredible task and thanks staff for putting together a comprehensive path forward. She added that this is an opportunity to solve this complex problem in a way that satisfies all of the different needs.

Dr. Altman stated that he thinks the HPC has good linkages with the provider communities. He encouraged continued linkages with consumer groups.

ITEM 5: Adjournment

Dr. Everett adjourned the meeting at 11:04 AM.